2ND Annual City of Chelsea

Tennis Tournament

To support:



Michigan



WHEN: August 3rd, 4th and 5th 2018!!

WHERE: Chelsea High School (740 N. Freer) & Middle School (445 A.D. Mayer)

COST:

\$30 for Singles

\$20 for Doubles (Per Person)

\$40 for Singles AND Doubles

Concession Stand and Silent Auction will be on site! All proceeds from this event will go to Make-A-Wish[®] Michigan!!!

ENTRY FORM

Name:											
Date of	birth:										
Age Gro	oup: (Circl	e One)									
Kids:						12 & Ur	nder	13-14		15-18	
		Adult:	1	NPTR Rati	ng:	3.0 o	r Under	3.5		4.0	4.5 or Up
Phone:											
Email:											
Male	or	Female									
Team:		Position on team:									
Shirt Siz	e: (Circle	One)									
Youth S	mall Yout	h Mediu	m Youth L	arge Adı	ult Small	Adult Me	edium	Adult La	rge	Adult Extra	a Large XXL
I Want 1	to Play: (C	Circle One	e)								
Singles (\$30) Doubles(\$20 per person) Both: (\$40 for Singles and Doubles)											s)
Doubles	s Partner	Name:									
Make checks payable to Make-A-Wish® Michigan and send to 500 Washington St, Chelsea, MI, 48118											
Additio	nal Donat	tion to th	e Make a '	Wish Micł	higan four	ndation					
\$		_									
Rules:											
12 and	under wil	l play one	e <mark>pro set</mark> t	o 8.							
13 and up will play two regular sets to 6 with a tie breaker to 10 instead of a 3rd set. Adults will play two regular sets to 6 with a tie breaker to 10 instead of a 3 rd set.											
No coad			snorten m	atches at	nis discre	etion due 1	lo rain,	neat etc.			
No indo	-										
Any que	estions, co	ontact to	urnament	director a	at: coacha	tkinson12	2@att.n	et			

By signing below, I agree to the following: I am aware of and understand there may be risks inherent with participating in any recreation activity. We assume all risks and hazards incidental to such participation. In consideration of my child's participation in the activities, I hereby release and discharge the Chelsea School District, its officers, staff, and their agents from any or all liability arising from accident, injury or illness that he or she may suffer as a result from participating in our event. In the event of an emergency, I authorize the Chelsea School District staff and agents to obtain medical treatment for the above participant. I will follow the rules, regulations, and policies set forth by the Chelsea Community Education for this event. I also waive any rights or damages that may occur in result of photographs or videos of the events offered by the Chelsea Community education.